



A Partnership
Listen and Talk
Washington State School for the Deaf



AUTHORIZATION TO REQUEST, SHARE OR RELEASE INFORMATION

Name:	Date of Birth:
Address:	Phone Number:
City/State/Zip:	

Information to be shared or released by:
Name:
Organization:
Address:
City/State/Zip:
Phone Number:

Information to be shared or released to:

Washington School for the Deaf
611 Grand Blvd.
Vancouver, WA 98661
Attn: Judy Smith

and

Listen & Talk
10207 N. E. 183rd Street
Bothell, WA
Attn: Maura Berndsen

- | | |
|--|--|
| <input type="checkbox"/> Current three-year evaluation | <input type="checkbox"/> Current audiogram with report |
| <input type="checkbox"/> Current IEP/504 plan | <input type="checkbox"/> Report cards/teacher comments |

Parent/Guardian Signature:
Date: